

JUN 25 2007

FAX TRANSMISSION**DATE:** June 25, 2007**PTO IDENTIFIER:** Application Number 10/537,027-Conf. #1143
Patent Number**Inventor:** Koen Van den Heuvel et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP
Michael Verga**PHONE:** (202) 331-7111**Attorney Dkt. #:** 22409-00009-US1**PAGES (including Cover Sheet):** 42**CONTENTS:** Certificate of Transmission under 37 CFR 1.8 (1 pages)
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment in Response to Non-Final Office Action (18 pages)
Replacement Drawings (16 sheets)
Amendment Transmittal (1 page)
Fee Transmittal (1 page, in duplicate)
Power of Attorney, Revocation Change of Correspondence Address (2 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/537,027

Attorney Docket No.: 22409-00009-US1

Certificate of Transmission under 37 CFR 1.8

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Amendment in Response to Non-Final Office Action (3 pages)

JUN 25 2007

AMENDMENT TRANSMITTAL LETTER				Docket No. 22409-00009-US1	
Application No. 10/537,027-Conf. #1143		Filing Date January 5, 2006		Examiner J. R. West	
				Art Unit 2857	
Applicant(s): Koen V. Heuvel et al.					
Invention: CLINICAL ASSISTANT FOR COCHLEAR IMPLANT CARE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	63	- 20 =	43	x 50.00	2150.00
Independent Claims	4	- 3 =	1	x 200.00	200.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					2,350.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>22-0185</u> in the amount of \$ <u>\$2,350.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>22-0185</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Michael Verma Attorney Agent Reg. No.: 39,410 CONNOLLY BOVE LODGE & HUTZ LLP 1875 Eye Street, NW Suite 1100 Washington, DC 20006 (202) 331-7111				Dated: <u>June 25, 2007</u>	

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PTO/SB/21 (04-07)

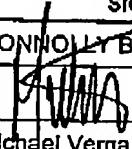
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<h1>TRANSMITTAL FORM</h1> <p><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/537,027-Conf. #1143
		Filing Date	January 5, 2006
		First Named Inventor	Koen Van den Heuvel
		Art Unit	2857
		Examiner Name	J. R. West
Total Number of Pages in This Submission	39	Attorney Docket Number	22409-00009-US1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	CONNOLLY BOVE LODGE & HUTZ LLP		
Signature			
Printed name	Michael Verga		
Date	June 25, 2007	Reg. No.	39,410